

ICJI Victim Services Briefing Paper:

Clearly Defining Sexual Assault Services in 2015

New provisions in VAWA 13, including a new 20% set-aside in STOP for sexual assault services by 2015, have led ICJI Victim Services staff to take an in-depth look at the provision of sexual assault services under STOP and other funding streams, including VOCA, SOS and SASP. In reviewing both the purpose areas of the grants and the way sexual assault services have been provided in Indiana in the past, some questions and issues have been posed:

- What are core and enhanced sexual assault services?
- Who can provide these services?
- What is the definition of a sexual assault victim/survivor? Is it limited to someone who has just recently been assaulted or do we open it up to serve all victims of sexual violence at any point in the life span continuum?
- Why is ICJI now considering SASP and SOS programs as collaborative programs?
- What are the purpose areas of these two grant funds?
- What are the purpose areas of STOP under which sexual assault services may be provided?
- Will SASP funds be limited to a one year award or will entities be eligible for continuation funding?

2015 was the first year that ICJI released SASP grants competitively and the first year that the purpose area of SOS has shifted from direct service to prevention. In response to the last bulleted question, the answer is that SASP will not be limited to one time start up projects and that successful programs will be considered for continuation funding.

Since both SASP and SOS grant awards have been made and grant packages have been distributed by your respective grant managers, we wanted to provide clarifications which might assist entities in further designing their programs. We have provided answers to the questions in a Q&A format below. Please contact us if you have questions.

Q. What are core and enhanced services? Who can provide them?

A. In order to received funding for direct sexual assault services a subrecipient must provide either core or enhanced services. For example, a rape crisis center or dual DV/SA program must meet the definitions of the provision of core service advocacy as described in IC 5-2-6-23.

Core services requires that an organization provides a full continuum of services and support services from the onset of the need for services through the completion of

healing, to victims of sexual assault including hotlines, victim advocacy, and support services.

Core sexual assault services must have crisis intervention available 24/7 with trained advocates;

- available to travel on-site to provide medical accompaniment and advocacy during forensic exam or other emergency care
- available to provide legal accompaniment and advocacy during reporting and through prosecution
- available to provide advocacy for other basic needs and referrals to other service providers
- available to provide assistance with coping skills, information
- available to provide support for significant others; crisis intervention and information and referrals

Enhanced Services:

Direct services to victims of sexual violence at any point in the life-span continuum which meet the needs of victims at that point in their lives. These service providers do not necessarily meet the 24/7 onsite advocacy requirements of core services. These sexual assault service providers may provide trauma counseling, therapy, support groups, and/or prevention and education activities.

Q. As a domestic violence shelter we see a number of DV victims who have experience marital rape/interpersonal sexual violence. We serve them within the context of our regular shelter services. Can we receive sexual assault services funding?

A. No. Although interpersonal sexual violence is often a part of a victim of DV's past, victims are considered as already being served through other funding within the context of domestic violence shelter services. Non-DV related victims of sexual assault have needs that are significantly different than those seeking shelter from domestic violence. Victims needs could include crisis response, trauma informed advocacy (including both medical and legal advocacy), support for significant others and specialized therapy.

Victims of any age may request services at anytime during the life-span continuum. Examples might include child victims of sexual abuse, adult victims of child abuse, incest, teen or adult victim/survivors who have not reported either to law enforcement or to a hospital for a forensic exam/rape kit, and who months later may need counseling

Note to Dual DV/SA programs: If your agency is a domestic violence provider shelter/provider planning to apply as a dual DV/SA program and qualify as a provider of sexual assault services please consider that your name, your board's philosophy and your recognition factor within your community should include that of being a sexual assault services provider – not just domestic violence shelter or service provider.

Q. Does that mean that in order to receive funding a sexual assault service provider must be a stand-alone rape crisis center and meet all the core requirements?

A. No. ICJI funds programs, not agencies, so other entities, such as counseling agencies and mental health providers, may provide direct sexual assault services or prevention programs under what is considered “enhanced” services rather than core services. For example, one mental health center has a therapist specifically trained to work with teen victims of sexual violence. Another currently funded agency has a therapy program specifically for child victims of sexual violence.

Q. Why is ICJI now looking at SASP and SOS together? What are the purpose areas of each?

A. SASP and SOS are different funding streams from different federal funders with somewhat different purpose areas, yet part of ICJI’s role is to look at all funding streams and see how they can be leveraged to provide services to as many victims as possible. This year ICJI will be tracking services from both funding streams and adding in STOP programs to determine the total number of victims served as well as the number receiving prevention services.

SASP is a federal award from the Office on Violence Against Women is for the purpose supporting the establishment, maintenance, and expansion of rape crisis centers and other programs and projects to assist those victimized by sexual assault. Funds provided through the SASP Formula Grant Program are designed to **supplement** other funding sources directed at addressing sexual assault on the state level. SASP can be used for:

- 24-hour hotline services providing crisis intervention services and referral;
- Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police, and court proceedings;
- Crisis intervention, short-term individual and group support services, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members;
- Information and referral to assist the sexual assault victim and family or household members;
- Community-based, linguistically and culturally specific services and support mechanisms, including outreach activities for underserved communities; and The development and distribution of materials on issues related to the services described in the previous bullets.

SOS (Sexual Offense/Assault Services) is part of a larger public health prevention grant awarded to the Indiana State Department of Health from the Center for Disease Control. ISDH sub-awards the sexual assault prevention funds to ICJI to award funds to subrecipients. In the past, SOS was used for direct services, but in 2015 the CDC instructed that these funds should be used primarily for **prevention activities**.

If you have programmatic questions or comments please feel free to contact ICJI’s Victim Services Division. Sharon Langlotz, Victim Services Asst. Division Director slanglotz@cji.in.gov